FROM : Jane Van Voorkis PHONE NO. : 319 337 4387

DISCLOSURE SUMMARY PAGE	E		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga	nization)		tev. 01/2003)	REPORT
IMPORTANT: Indicate type of committee you are reporting for:		1 1	omm,#	nly
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Bellot issue/Franchise Committee (7)County/City (6)Support Signs of Candidates		Au	idited	
CANDIDATE COMMITTEES ONLY:		7 "	XI-potoi	
Candidate Name	Political Party			
Office Sought	District (if Senate or House)			
Vall	319-337-438	_J 7	3/1	103
SIGNATURE OF TREASURER (or person filling this report)	TELEPHONE	 -	DATES	IGNED
(report date) (report date) [CHECK IF AMENDMENT TO REPORT DATED [Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Disserted	Dissolution Form DR-3.	ocal Com	mittees, enter D	
STATEMENT CASH ON HAND at the beginning of the reporting period. (Thi by the committee. This amount MUST be the same a of the last reporting period, or must be zero if this is fire.)		•	3420.	39
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule F	- ,		<u>6215.</u> -6	<u>0</u> 0
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)		<u>~ O</u>	
(Schedule H applies to Candidates' Comm		L\$	9695	39
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans belo	w)	6096	. 69
Schedule F: Loan Repayments total (Attach Schedule	e F)			
CASH ON HAND at the end of this reporting period (If final repo	ort, balance must		2601	10
be zero) (Attach DR-3)		.S	<u> 3598 ·</u>	10
**UNPAID BILL8 (From Schedule D - Attach Schedule D)		\$		<u></u>
**************************************		\$)
**OUTSTANDING LOANS (From Schedule F - Attach Schedul	•	s)
CANDIDATE COMMITTEES ONLY:	•			
CONSULTANT BREAKDOWN (Schedule G Attached?)			Y	ESNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atte	ch Schedule H)	\$		

FOR INSTRUCTIONS, SEE BACK OF FORM	Reset Form		FORM	
DISCLOSURE SUMMARY PAG	E		DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	nization)	(R	ev. 03/2003)	REPORT
ES FOR KIDS		E	r Office Use O	nlv
		1 1-		<u>.</u>
IMPORTANT: Indicate type of committee you are reporting for:				
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) South PAC (6) Pallet Insul/Franchise Committee (7) South PAC (7) Sout		1 1		
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C (8) Support Slate of Candidates	entrai Committee	1 1	mputer	
CANDIDATE COMMITTEES ONLY:		Αι	idited	
Candidate Name	Political Party	TAE	THICE & CA	MAGN
		DX	CLOSURE	SOMEO I
Office Sought	District (if Senate or House)		APR & 1	2003
			HPR & I	2003
		1	1	,
land late	319-337-438-	FILE	D##	
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE			SIGNED
Late filed reports are subject to	o possible civil and crim	inal pe	enalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE				
I AM FILING An Amended report for 3/1/03	REPORT FOR AN/A (1) ELEC	TION /(2)NON-ELEC	TION YEAR.
(report date)				
Indicate one	<u> </u>	ncal Com	mittees enter l	Date of Election
ACHECK IF AMENDMENT TO REPORT DATED 3110	23	ocai Com	minicos, critor i	oute of Election
•	l_	ounty & I	ocal Committe	es, enter County in
Check if this is final (termination) report and attach Notice of	1,,,		tion is held	•
(You must continue to file reports until a Notice of Diss	colution is filed.)			
OTATEMENT	OF GAGU ON HAND			
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as				
of the last reporting period, or must be zero if this is fir	st report filed.)	\$	_3420.	39
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,			
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind helow)		6625.	06
Schedule F: Loans Received total (Attach Schedule F			~0'	-
Schedule H: Total Sales of Campaign Property (Attact			- 0	-
	•			
(Schedule H applies to Candidates' Comm			مندم ما	. 20
	SUB-TOTA	L \$	10,045	0.37
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			/ cal	1.9
Schedule B: Expenditures total (Attach Schedule B) (-	0076	. 6 1
Schedule F: Loan Repayments total (Attach Schedule	e F))
CASH ON HAND at the end of this reporting period (if final reporting			3,948	30
be zero) (Attach DR-3)		\$	<u> </u>	7. 10
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			7880.0	Ö
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			0	
·	ог <i>ј.</i>	Φ		
CANDIDATE COMMITTEES ONLY:				F0 110
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	Y	ESNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)	\$		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE	
Α	MONETARY
(Rev. 06/97)	RECEIPTS
/DXI CHE	CK THIS BOX IE

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NA	ME (Mu	st be same as on Statement of Organization)	
YES	FOR	KIOS	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2/03 2/03/03	ID# CK#	Steve Tanya Alford 70 Mighlad Park Ar. Coraly 14, IA 52241		\$ 250.00	
2/03/03	ID# CK#	Am Fedderson 3843 Locust Ridgi Rd. North Liberty, IA 52317		\$ 100.00	
	ID# CK#	J'			
	ID# CK#				
	*		SUB-TOTAL	\$360.00	
		TOTAL (if last pag	e of this schedule)	c.350.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____ of ____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE	AME (ML	st be same as on Statement of Organization)	
YE3	For	KID	

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* _ (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#			\$	
	CK#	Se attached			
	ID#				
	CK#				;
	ID#		 		
	CK#				
	ID#				
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<u> </u>		<u> </u>	SUB-TOTAL	1 22 -	

TOTAL (if last page of this schedule)

\$(0775

Page of /

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no amilial relationship, enter "not applicable" in the relationship column.

Date Received	Last Name	First Name	Company	Address 1	Address 2	City	State	Zip	Amount Pledged
6-Feb-03	Goedken	Thomas	ACT	P.O. Box 168		Iowa City	IA	52243	\$2,500.00
6-Feb-03	Price	Dean and Donna		5 Wendram Bluff Court, NE		Iowa City	IA	52240	\$500.00
6-Feb-03	Ross	Rebecca and Perry		909 Sandusky Dr.		Iowa City	IA	52240-7085	\$25.00
8-Feb-03	Paul	Doug and Linda	Buckle Down Publishing	2308 Heinz Road	P.O. Box 2180	Iowa City	IA	52244-2180	\$1,250.00
8-Feb-03	Hobson	Thomas	Rockwell Collins	400 Collins Road NE		Iowa City	IA	52498-0001	\$2,000.00
								TOTAL	\$6,275.00

FOR INSTRUC	CTIONS, SEE BACK OF FORM			SCHEDULE	
COMMITTE	E NAME (Must be same as on Statement of Org	anization)	Reset Form	CHECK	IN KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/28/03	SEIU		Office Space Office Supplies	\$ 2000 00	
2/28/03	SETU 102 2ad Au. Coralutu, IA 52241		Office Supplies	\$1100.00	
2/28/03	1		phon (alb)	\$180.00	
2/18/03	· /		Tech Support	\$ 1000.00	
2/28/03	8Hay Sarch Suster SEIU		Salary Sarah Suishn	\$3,0000	

SUB-TOTAL \$ 1860.00

TOTAL (if last page of this schedule)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

PHONE NO.: 319 337 4387

For Instructions, See Back of Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN	(Rev. 06/97)	MONETARY RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NOING FORM
YES FOR KTOD		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 688.32A(6), lowa Code, prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* _ (If applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
	ID#	- 11 , ,		\$	
	CK#	Se attacked		*	
	ID#		•		<u> </u>
	CK#				
	ID#				
	CK#				
	1D#				
	CK#				
	ID#				<u> </u>
	CK#				
	ID#		_	4	
	CK#			ļ	
······································	ID#				-
	CK#				
	ID#				
	CK#				
	ID#	The second secon			
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	\$62.75	

TOTAL (if last page of this schedule)

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no amilial relationship, enter "not applicable" in the relationship column.

Page of |

-	_		_		_	_	-
	8-Feb-03 Hobson	8-Feb-03	6-Feb-03 Ross	6-Feb-03	6-Feb-03		Date Received
	Habsan	Paul	Ross	Price	6-Feb-03 Goedken		Last Name
	Thomas	Doug and Linda	Rebecca and Perry	Dean and Donna	Полав		First Name
	Rockwell Collins	Bucide Down Publishing 2308 Heinz Road			ACT		Company
	400 Calins Road NE	2308 Heinz Road	909 Sandusky Dr.	5 Wendram Bluff Court, NE	P.O. Box 168		Address 1
		P.O. Box 2180				•	Address 2
	lowa City	lowa City	lowa City	lowa City	lowa City	,	СЊу
	A	\	⋝	⋝	5		Statu
TOTAL	52498-0001	52244-2180	52240-7085	52240	52243		Zip
		}			\$2,500.00		Amount Pledged

FOR	INSTRI	ICTIONS.	SEE RA	CK I	OF F	ORM

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_		_
	_	_

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

3CHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Yes	For K10	5		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
443	ID#	J.II Kromminger 1213 Gight Au. Jane Gly, JA 52246	postage	115.20 \$ 18148
2/1/0	CK#	1200 SW 3003 1200 SW 3003 1200 SW 3003	radio	\$310.00
417 bs	ID# CK#	Brian Flaherty 102 27 Al. Corally JA 52241	phow	1397.41
2/1/03	ID# CK#	Petty can	pizza / Office suplin	# 100.00
2/18/03	ID# CK#	244 babay 1001 [1/1 52210	postagu	\$46.00
2/18/03	ID# CK#	U.S. Patmaster	Starps)	\$51.80
2/24/05	ID# CK#	SEIU 102 27 Au. Coralully JA 5224	roso-calls	\$3,000.00
2/28/03	ID# CK#	Tru At, PO Box 2687 IDWA Cily JA 52244	f lyvs	2076.48
		J	SUB-TOTAL TOTAL (If last page of this schedule)	\$ 6096.69

THIS BOX	APPLIES	TO CA	NDIDATE	S' COMMIT	rees only:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/ontitles providing consulting, odvertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lowe Code 56 6(3)(i))

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Page		L.,	of	